



Lions Club International
NH Multiple District - 44
Health Services Board

Name: _____

An appointment of an eye examination has been scheduled for you

on _____ at _____ (AM/PM)

Where: NH Lions Eye Clinic
NH Association for the Blind
25 Walker St
Concord, NH 03301

You must contact the Lions Club Coordinator named below, **two days** prior to your appointment date to confirm that the Clinic has not been cancelled. Failure to do so could result in you making an unnecessary trip to the Eye Clinic.

It is necessary that you bring this form with you.

If you are 15 minutes late for your appointment you will have to be rescheduled on another date.

Lions Club Coordinator: _____

Coordinator's Tel #: _____

Address of Sponsoring Lions Club: _____

Club Coordinators please indicate below where applicant should be sent for eye glasses.

Send this applicant to: _____
